

#6

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PTO/SB/01 (10-00)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration
Submitted
With Initial
Filing

OR

☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number 4622-122US

First Named Inventor Ladouceur, Dave

COMPLETE IF KNOWN

Application Number 09/909,500

Filing Date July 20, 2001

Group Art Unit 2166

Examiner Name TBA

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Integrated Management of Medical Information

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

July 20, 2001

as United States Application Number or PCT International

Application Number 09/909,500 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/219,484	July 20, 2000	
60/219,523	July 20, 2000	
60/219,535	July 20, 2000	
60/219,572	July 20, 2000	
60/219,739	July 20, 2000	
60/219,744	July 20, 2000	
60/219,873	July 20, 2000	

[Page 1 of 2]

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Name		David P. Krivoshik							
Address		Mathews, Collins, Shepherd & Gould, P.A.							
Address		100 Thanet Circle, Suite 306							
City				State		ZIP			
Princeton				NJ		08540-3674			
Country			Telephone			Fax			
US			609-924-8555			609-924-3036			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name				Family Name					
Dave				Ladouceur					
Inventor's Signature								Date	
								10/29/2001	
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Mailing Address 4584 Robinson Place									
Mailing Address									
City			State		ZIP		Country		
Boulder			CO		80301		United States		
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name				Family Name					
Scott				Schorer					
Inventor's Signature								Date	
Residence: City			State		Country		Citizenship		
Lafayette			CO		United States		US		
Mailing Address 2509 Ravenwood Lane									
Mailing Address									
City			State		ZIP		Country		
Lafayette			CO		80026		United States		
<input checked="" type="checkbox"/> Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									

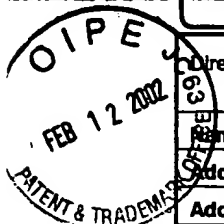
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Name		David P. Krivosikh	
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Brimston		NJ	08540-3874
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US	609-924-8555	609-924-3036	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both; under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name	
Dave		Ladouceur	
		or Surname	
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Mailing Address			
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NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Scott		Schorer	
		or Surname	
Inventor's Signature			Date
			11/29/01
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State			Country
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Lafayette	CO	80026	United States
<input checked="" type="checkbox"/> Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

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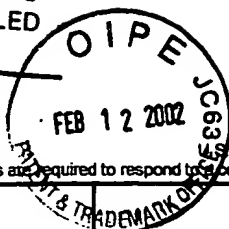
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Gregg		Lauer	
Inventor's Signature		Date	
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Mailing Address 2885 Lagrange Circle			
Mailing Address			
City	Boulder	State	CO
ZIP	80303	Country	United States
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
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Inventor's Signature		Date	
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City	Ft. Collins	State	CO
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
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Inventor's Signature		Date	
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Country	United States	Citizenship	US
Mailing Address 9623 Sagebrush Trail			
Mailing Address			
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ZIP	80124	Country	United States

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TODD
Hoven

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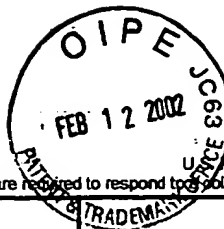
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Gregg		Lauer	
Inventor's Signature		Date	
Residence: City	Boulder	State	CO
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Mailing Address			
City	Boulder	State	CO
ZIP	80303	Country	United States
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
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Inventor's Signature		Date 10-22-01	
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Bruce		Bacon	
Inventor's Signature		Date	
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Mailing Address			
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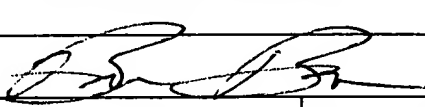
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Inventor's Signature		Date	
Residence: City	Boulder	State	CO
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Page 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Mike		Shell	
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Mailing Address			
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ZIP	80302	Country	United States
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
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